Michigan Medicaid Clinical Laboratory Services
Database Explanation

This document contains information for interpreting the Michigan Medicaid Clinical Laboratory Services Database. The database contains the covered services for all clinical laboratory service providers.

The database is available in two formats:

- PDF excel file for viewing and/or printing a page
- WINZIP self-extracting executable Excel file for downloading data onto your computer

The Clinical Laboratory Services Database includes the following data elements:

- HCPCS Code
- Code Description
- Provider Type
- Facility Fee
- Modifier
- Status Code
- Non-Facility Fee

The file contains one record for each unique combination of procedure code and modifier. Questions on the database should be directed to Provider Inquiry by phone at 1-800-292-2550 or email to ProviderSupport@michigan.gov. Include your name, affiliation and phone number for contact information.

Data Element	Description
HCPCS Code	The HCPCS Level 1 or Level 2 code used to denote a service.
Modifier	Completed when a modifier identifies a set fee screen based on the RVU or the percentage of the Medicare fee screen. A blank denotes the global service. 26-Professional component TC-Technical component
Code Description	The description of the service associated with the HCPCS code.
Status Code	Indicates if a code is active (covered) when the database is published and whether additional information is required. A -Active code M -Additional information is required to process the claim D -Deleted code since last published database
Provider Type	A code assigned by Medicaid indicating the classification of a provider rendering medical services. 10-Physician (MD), Certified Nurse Midwife 11-Physician (DO) 13-Podiatrist 16-Independent Laboratory 23-Family Planning Clinic 40-Outpatient Hospital, ESRD Facility 41-Outpatient Private Mental Hospital 75-Outpatient Hospital Psychiatric Unit 77-Physician-Medical Clinic/Local Health Department
Non-Facility Fee	The fee screen for professional services provided in a non-facility setting. If the fee is $0.01, it is individually priced and requires additional information.
Facility Fee	The fee screen for professional services provided in a facility setting. If the fee is $0.01, it is individually priced and requires additional information.